

Christ School *Application for Enrollment 2023-2024*

Registration forms may be emailed to **admin@christschool.mgacoxmail.com**
or faxed to **478-922-0587**. Payments may be made over the phone at **478-923-2867**.

Office Use Only:		Time: _____
Date application Received: _____		
Church Member _____		Yes _____ No _____
Payment: CC _____		Cash _____
Check # _____	Receipt # _____	
Recorded By: _____		
Date _____	\$ _____	Bal. \$ _____
Date _____	\$ _____	Bal. \$ _____
Date _____	\$ _____	Bal. \$ _____

Grade/Class _____ County of Residence _____

Child's Name: _____ (Male/Female) Race _____
First Middle Last

Age: _____ Date of Birth: _____ Name your child goes by: _____

Home Address: (Street/City/State/Zip) _____

Mother/Stepmother/Guardian: _____ Email: _____
(Circle one)

Home address (if different from child's) Street: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Cell Phone # _____ Cell Phone Provider _____

Place of Employment: _____ Business Phone # _____

Employer's Street Address: _____ City: _____ State: _____ Zip _____

Father/Stepfather/Guardian: _____ Email: _____
(Circle one)

Home address (if different from child's) Street: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Cell Phone # _____ Cell Phone Provider _____

Place of Employment: _____ Business Phone # _____

Employers Street Address: _____ City: _____ State: _____ Zip _____

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s): Both Parents Mother Father Other

Siblings: Yes _____ No _____ How Many? _____ Ages & Gender: _____

Names and grades of siblings attending or who have attended Christ School _____

Financial responsibility will be assumed by: _____

Additional Family Data:

Name of Previous Public/Private School your child attended: _____

Address of previous school: _____
Street City State Zip

Reason for Non-Return: _____

Religious Affiliation: _____

Special Information:

1. Has your child enjoyed school in the past? _____ Yes _____ No
2. Is your child right or left handed? _____
3. What are your child's interests? _____
4. Has your child ever been suspended or expelled? _____ Yes _____ No
5. Has your child ever been tested or recommended for a special education program? _____ Yes _____ No
6. Has your child ever been diagnosed with having a physical or learning disability? _____ Yes _____ No
7. Has your child ever been recommended to take medication or prescribed medication for a learning and/or attention disorder? _____ Yes _____ No
8. Does your child take medication daily for a learning and/or attention disorder: _____ Yes _____ No

If you answered "yes" to any of the questions 4-8, please explain below and provide a copy of any test results to Christ School.

CHRIST SCHOOL EMERGENCY INFORMATION LIST

Child's Name: _____

Mother/Stepmother/Guardian (Circle one)

Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Father/Stepfather/Guardian (Circle one)

Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Name and phone number of relative or friend to call in case of emergency when parents are not available:

1. Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____

2. Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____

Person(s) Authorized to Sign Child Out:

The Child may be released to the person(s) signing this agreement or to the following:

Name: _____ Address: _____

(Street/City/State/Zip)

Home Phone # _____ Cell Phone # _____ Work # _____

Name: _____ Address: _____

(Street/City/State/Zip)

Home Phone # _____ Cell Phone # _____ Work # _____

Name: _____ Address: _____

(Street/City/State/Zip)

Home Phone # _____ Cell Phone # _____ Work # _____

CHRIST SCHOOL
508 S. Pleasant Hill Rd
WARNER ROBINS, GA 31088
PHONE: (478) 923-2867 FAX: (478) 922-0587

EMERGENCY MEDICAL FORM

CHILD'S NAME: _____ DOB: _____

FAMILY DOCTOR: _____ PHONE: _____

INSURANCE PROVIDER: _____ POLICY # _____

In case of emergency and any attempt to contact me by Christ School has failed, I hereby authorize the physician(s) in charge of the care of the above named child to administer treatment, or to have administered such anesthetics and perform such operations as may be deemed necessary of advisable in the diagnosis and treatment of my child.

Parent/Guardian Name: _____ Signature: _____

Address: _____
Street City State Zip

Please list any known allergies/medical conditions that should be taken into consideration by attending physicians. Examples: Drug Allergies, Diabetes, Asthma, Epilepsy, etc.

Please list all medications that your child takes on a daily basis:

Does your child require medication to be kept on school premises? Yes ___ No ___

If your child has asthma how would you rate it? Mild ___ Moderate ___ Severe ___

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CONSENT TO RELEASE PHOTO/IMAGE

Dear Parent/Guardian:

We enjoy being able to communicate with you and share pictures of different activities our students participate in during the school year. Your child's image/photograph could be used in one of the following ways:

- Our school web page
- Our school Facebook page
- Yearbook
- Used in printed publications such as a newspaper or magazine

_____ I/We **DO** give permission for _____ 's
Child's Name
image/photograph to be used as described above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address: _____
Street City State Zip

Phone # _____ Date: _____

Statement of Cooperation:

I understand that official acceptance is based on admission scores, transcript review, personal interview results and availability of enrollment space.

I give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I absolve the school from any liability in the event my child is injured at school or during any school activity. I agree with the school's effort to train my child in the Bible and will encourage my child in this and in all other instruction.

It is understood that my child's attendance is a privilege and not a right, and that if any time his/her conduct, academic progress, or cooperation with school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

If my child voluntarily withdraws or is requested to withdraw by the school, it is understood and accepted that no refund of registration fee or tuition will be returned.

I understand that Christ School does not discriminate based on race, color, ethnicity, and/or religion.

Parent/Guardian Signature _____ Date _____

Field Trips:

My child, _____, may participate in all Field trips planned in kindergarten through 5th grade for the children.

I understand that precautions will be taken for his/her safety, and will not hold the school or church responsible in case of an accident.

Parent/Guardian Signature _____ Date _____

PARENT AGREEMENT WITH CHRIST SCHOOL

1. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, address changes, emergency contacts, child's physician, child's health status, and immunization records etc.
2. My child will not be allowed to enter or leave the facility without being escorted by a parent/guardian or person authorized by parent/guardian or facility personnel.
3. Before any medication is dispensed to my child, I will fill out a written authorization available from the school office. Medicine will be in the original container with child's full name marked on it. The medication will be kept in the school office.
4. **I agree to pay all monthly tuition by the 10th of each month and understand that if I do not I will have to pay a \$20 late fee. All fees are due and payable regardless of the child's attendance. A \$30 service fee will be charged for any check returned for non-sufficient funds (NSF).** If tuition is not collected by the end of the month, a reminder will be sent out. The child will be dropped from enrollment unless other arrangements have been made with the director.
I understand that all school records on my child are held until the account has a zero balance.
5. A **30 school day notice** is required if you choose to no longer have your child enrolled in Christ School. Notices must be sent in writing to the school office. You are responsible for your child's tuition until the end of the 30 day period. If payment and/or notice are not received it will be brought to the attention of the School Board and further action will be taken.
6. In keeping with the state school policy, a child is assigned to his/her grade based on his/her age on or before September 1st of the current school year.
7. Registration and other fees are nonrefundable except for military families leaving the area and notifying Christ School by July 1st.
8. I have read the Student Handbook and Discipline Policy and agree to abide by the policies and procedures of Christ School.
9. I agree that the continued enrollment of my child in Christ School is dependent on my parental support of school, its staff, and its policies.
10. In order for your child to receive the greatest benefit from school, it is important that they attend and are on time. Excessive tardies and/or absences will be brought before the director and the school board.
11. I will follow the rules of the parking lot and drop my child off at the designated drop-off location.
12. All visitors must report to the office during school hours.

Parent/Guardian Signature _____ Date _____

CHRIST SCHOOL
2023-2024
SCHEDULE OF TUITION AND FEES

<i>Grade Level</i>	<i>Registration Fee</i>	<i>Book/Resource Fees</i>	<i>Monthly Tuition</i>	<i>Annual Tuition</i>
<i>2 year old 2 day</i>	<i>\$150.00</i>	<i>\$100.00</i>	<i>\$180.00</i>	<i>\$1620.00 (9 mos)</i>
<i>2 year old 3 day</i>	<i>\$150.00</i>	<i>\$100.00</i>	<i>\$220.00</i>	<i>\$1980.00 (9mos)</i>
<i>2 year old 5 day</i>	<i>\$150.00</i>	<i>\$100.00</i>	<i>\$260.00</i>	<i>\$2340.00 (9mos)</i>
<i>3 year old 2 day</i>	<i>\$150.00</i>	<i>\$135.00</i>	<i>\$180.00</i>	<i>\$1620.00 (9mos)</i>
<i>3 year old 3 day</i>	<i>\$150.00</i>	<i>\$135.00</i>	<i>\$220.00</i>	<i>\$1980.00 (9mos)</i>
<i>3 year old 5 day</i>	<i>\$150.00</i>	<i>\$135.00</i>	<i>\$260.00</i>	<i>\$2340.00 (9mos)</i>
<i>4 year old 3 day</i>	<i>\$150.00</i>	<i>\$170.00</i>	<i>\$220.00</i>	<i>\$1980.00 (9mos)</i>
<i>4 year old 5 day</i>	<i>\$150.00</i>	<i>\$170.00</i>	<i>\$260.00</i>	<i>\$2340.00 (9mos)</i>
<i>Kindergarten</i>	<i>\$150.00</i>	<i>\$335.00</i>	<i>\$285.00</i>	<i>\$2850.00 (10mos)</i>
<i>1st – 5th grades</i>	<i>\$150.00</i>	<i>\$475.00</i>	<i>\$450.00</i>	<i>\$4500.00 (10mos)</i>

Registration and Book Fees must be paid in full upon registering your child at Christ School.

**After May 1st, the registration fees will increase to \$175.00 and the book fees will increase by 10%. This is due to the additional cost we are charged when ordering books after this date.*

Monthly payments are due on the first of each month and become past due after the tenth of each month.

THE REGISTRATION AND BOOK FEES ARE NON-REFUNDABLE.

Multi child (same household) tuition discount:

If you have more than one child enrolled in Christ School you are entitled to a 5% discount off of each child.

Other discounts:

*If you make an **annual** payment by the end of the first month of school, you are entitled to a 5% discount off of your child's tuition. If you withdraw your child from Christ School during the school year for any reason, the 5% incentive will no **longer apply** and will be added back to your tuition refund.*

The following document(s) must be included with your registration form:

Georgia Certificate of Immunization (Form 3231) Applies to all students 2's through 5th grade.

Georgia Certificate of Ear, Eye, and Dental Examination, (Form 3300) Applies only to kindergarten through 5th grade.

According to Georgia law, these health records must be on file in order for the student to attend Christ School.